

CUSTOMER AUTHORIZATION

Department Name: _____	Department Prefix: _____
Information Security Officer (ISO) Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____
Alternate ISO (if any): _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____

Data Security Coordinator(s) Who Administer RACF

RACF Coordinator Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____
Alternate RACF Coordinator Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____
UUNET Administrator Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____

Departmental Approval (ISO Supervisor or Higher Level Official)

Name (Print): _____	Date: _____
Signature: _____	Title: _____
E-Mail Address: _____	Phone Number: _____ CALNET Prefix: _____

RETURN COMPLETED FORM TO:

Department of Technology Services
Data Security Administrator
P.O. Box 1810 (Mail Stop - X8)
Rancho Cordova, CA 95741-1810
IMS Code: F-14
FAX (916) 464-3675

For DTS Use Only: _____
